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## SURGICAL OPERATIONS.

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STEPHEN SMITH, M.D.,

SURGEON TO BELLEVUE HOSPITAL.

This work gives the details of the more common as well as the important operations in Surgery. It is particularly adapted to the wants of the ARMY SURGEON, and would be found useful both by the practitioner and student.

From the "American Journal of the Medical Sciences," July, 1862.

The second, third, fourth, and fifth chapters, which constitute the great part of the work, contain an admirable exposition of the subjects to the consideration of which they are devoted, and they may be consulted by every surgeon with pleasure and profit. The chapter on resections is particularly valuable, and it may confidently be said to contain the best account of this important class of surgical operations that is to be found in the English language.

From the "Cincinnati Lancet and Observer," July, 1862.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

From the "Buffalo Medical and Surgical Journal and Reporter," July, 1862.

The book is rendered convenient and portable, and may be carried as a reference and guide in all emergencies. Almost every important operation is represented by engravings which illustrate the subject to the fullest extent practicable, and add very much to the value of the work. Illustrations of instruments are also made, which represent the latest improvements, and constitute also an important addition. Though this hand-book

of surgery is made to conform to the necessities of military surgery, still it is also a valuable hand-book of surgery in civil practice as well; and almost every operation in surgery is described with sufficient detail for the ordinary purposes of study and practice. As a hand-book of surgery, it stands at the head of a long list of similar books.

From the "Boston Medical and Surgical Journal," June 19th, 1862.

This treatise was prepared, as the author says in his preface, at the suggestion of a number of professional friends who had been called from their usual avocations to act as regimental surgeons in the United States Army. They have felt the want of a manual of operative surgery at once portable, exact, up to the present stage of surgical knowledge, and fully and clearly illustrated. It is very evident that many of our professional brethren on whom the grave responsibilities of a military surgeon have fallen, could not be expected to represent in their own attainments at the moment, all that such a work should contain. Neither could they carry about with them a cumbersome surgical library. What was wanted was something to refresh their memories, in as small a compass as possible. Such a work Dr. Smith may fairly congratulate himself on having made. Its scope is limited to those branches of operative surgery which are of the most importance to the military surgeon, and yet, with the exception of gunshot wounds, the subjects treated of are liable to engage the attention of the surgeon at any time. The work is most copiously illustrated by excellent and intelligible wood-cuts taken from the highest authorities, and the print is remarkably clear and legible—no small recommendation when we think of the dubious light of the tallow dips, by which it must often be consulted by those for whose special benefit it is intended. Its flexible cover makes it handy for use, and packable in any space large enough to crowd it into. We gladly recommend it as a most valuable companion to surgeons in the field.

Letter from one of the Surgeons of the University Hospital, Nashville, Tenn.

UNIVERSITY HOSPITAL,

Nashville, TENN., June 26th, 1862.

Your "Hand-Book of Surgical Operations" has reached Nashville. It is a beautiful thing, and perfect as far as it goes. The plates admirably illustrate the text. It is complete as a military hand-book of operative surgery, and is very highly spoken of by all the surgeons who have examined it.

Letter from PROF. FRANK H. HAMILTON, Med. Director of the 4th Corps d'Armée, Army of the Potomac.

HEADQUARTERS, GEN. KEYES' CORPS,  
Near Harrison's Landing, Va., July 22, 1862.

I have had the pleasure of looking over the "Hand-Book of Surgical Operations," by Stephen Smith of New York, and do not hesitate to pronounce it the best book yet published for the use of army surgeons; and as such I have recommended it to all the army surgeons I have met.

FRANK H. HAMILTON,  
Med. Director 4th Corps.

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## Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

### FACULTY.

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ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.  
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.  
EDWIN A. WARE, Bellevue Hospital, Janitor.

### PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflamations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCreedy; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

### REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every weekday, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

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The fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 10th Street.

## Geneva Medical College.—The Session of 1862-63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

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SESSION 1890-91.

## LECTURE XII.—PART III.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

*Different Opinions on the Nature of Infantile Paralysis—  
Laryngismus Stridulus, and its Presumed Relation to  
Dentition.*

AFTER all, the difficulty of a correct diagnosis in many cases of essential paralysis cannot be denied. If any other proof were required, it would consist in the variety of opinions concerning its etiology. Thus E. Müller contends, that although the febrile first stage be very short, the symptoms allow of no other explanation than that the seat of the diseases must be sought for in the central organs of the nervous system; whether there is congestion or exudation, whether they are local or diffuse, must differ according to the cases. Sandras, who is quoted by Dr. von Heine, says that extravasation into the spine is characterized by sudden and obstinate paraplegia, but thinks by no means that every case of sudden and obstinate paraplegia results from spinal hæmorrhage. Warnatz is in favor of attributing the disease to a spinal affection, inasmuch as the mental functions of the senses were not interfered with; and also greatly to the dyscrasic influences, syphilis, scrofula, and, more than any other, rhabdismus. Bräuning seeks for the cause of essential paralysis in diseases of the nervous system in general, in the spine, and diminished innervation resulting from organic changes, and slight compression (extensive pressure would bring on death, in his opinion) or from some morbid condition of the nerve. Vogt takes it as the remnant of a disease of either the nervous centres or the nerves, with their membranous envelopes, which can be nothing else but either congestion or inflammation with their final consequences. Rilliet and Barthez, West, Bouchut, Marshall Hall, Kennedy, take it as a peripheric disease; dental irritation, remittent fever, convulsions, worms, intestinal affections, influence of cold temperature, sitting on a cold stone, etc., etc., are accused as being the causes. Shaw supposes the disease to depend on a sudden change taking place in the brain or spine. Brown-Sequard, finally, takes infantile paralysis as a reflex-paralysis, the existence of which he, like his assistant, Dr. Echeverria, now in this city, tries to prove with all his immense learning in both physiology and pathology. Naturally, dentition and worms have their part to play among the proximate causes.

I have merely to add, that as I have above given my opinions as based, I believe, on the symptoms and the facts of pathological anatomy, I am not willing to give up an explanation of this kind for any other, although it be more brilliant and more surprising. Nor am I ashamed to say that there is no uniform anatomical alteration in all and every one of the cases of infantile, or essential, or dental paralysis. The symptoms are such that they can be explained by a certain number of pathological conditions, and it is not my fault that, in nature, the same ends will be frequently obtained by multifarious causes. If really dentition had anything to do with this paralysis, it could be so in but few cases, and be only explainable by the assumption of reflex-paralysis; for a subsequent hyperemia of the brain or spine would again justify my more anatomical explanation. How absurd, however, is it to baptize it dental, for no other reason but that a few cases may possibly be induced by some

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anomalies in the protrusion of a tooth. In every case, moreover, of any disease, we ought first to inform ourselves of its nature, its anatomical basis, and its seat, and then at last to look for the occasion on which it commenced, and the proximate causes by which it has been brought on. If no cause could be found in any case, the name "essential paralysis" would be the better one in my opinion; but as in the majority of cases a differential diagnosis can be made with either certainty or probability, it is merely scientific to determine its character in the diagnosis, and the name applied to the disease.

Another disease, which is almost always considered as being in a causal relation to dentition, is laryngismus stridulus, or crowing inspiration of children.

Laryngismus is emphatically a disease of infantile age. It is observed as well in apparently healthy as in sick children. In their sleep or while they are awake, playing, eating, singing, or to the contrary, when irritated, or excited. The first stage of an attack of laryngismus is a sudden and entire apnoea. Respiration is stopped suddenly, completely, for a few seconds, even for a minute, the face is bloodless and pale, and cyanotic in attacks of long duration, the skin cool, the heart scarcely perceptible, the entire muscular system in a state of paralysis. The second stage is that of beginning reaction to this complete inactivity; the recurrent branch of the pneumogastric nerve commences again to stimulate the function of the muscles of the glottis, and the spinal nerves again enliven the other respiratory muscles to such an extent as to produce a forced, deep, "crowing" inspiration. In the third stage, finally, reaction is complete. Short convulsive expirations restore the functions of the respiratory organs to their former condition. Attacks of great intensity and long duration are generally attended with contractions of the hands, and even general tonic convulsions of the trunk (opisthotonus) and lower extremities. Sometimes general eclampsia has been observed to accompany the attack of laryngismus, but also to return without an attack, or an attack of laryngismus to return without eclampsia. Involuntary evacuations of the bowels have been observed during the attack; these are the consequences of paralysis of the sphincter muscles. Laryngismus is seldom fatal; a large number of attacks have sometimes occurred in a single day. The disease is apt to last for months, and even years. Whenever death ensues in the attack, it does so in the first stage.

The mildness or severity of the attacks of laryngismus depend on both the constitution of the patients and occasional causes. The milder form is particularly recognised by a milder appearance of the first stage, viz. the sudden paralysis of the respiratory muscles, and the slightness of the accompanying carpo-pedal or other symptoms. Of this kind are those mild attacks which have been described by Rilliet and Barthez, Hérard and Ranking, and called "holding-breath spells" by J. Forsyth Meigs. Here, the first stage is not very violent, and crowing expiration is not always perceived, but in the cases witnessed by myself, I have never missed the convulsive expirations constituting the third and last stage. Altogether, I am unable to discover any other difference between an attack of "laryngismus," and one of "holding breath spell," but that of a different severity of symptoms of the same affection; for in my mind there is no doubt that the assertion, that the latter "never occurs spontaneously, and never during sleep," and that "the most frequent cause of the paroxysms is contradiction; that they are determined also by fright, pain, and crying," is either not quite correct, or not quite complete.

The symptoms of the first stage of laryngismus cannot be explained except by a functional trouble, by paralysis, perhaps of the oblongated spine, perhaps of all the nervous centres together. Paralysis of the muscles of the glottis alone is unable to produce all the symptoms of the first stage of laryngismus; for by cutting a recurrent nerve such general symptoms could never be produced. And the dissection of both the recurrent nerves gives rise to real



suffocation, pretty rapidly, but not at all suddenly; lungs and brain become hyperemic, and the heart and cutaneous veins full of blood; whereas post-mortem examinations in laryngismus show a positive absence of hyperemia in the brain, and no, or very little, blood in the heart and cutaneous veins. Death ensues in laryngismus in the same manner as in animals whose oblongated spine has been cut. They die either instantaneously, both respiration and circulation ceasing at once, or some few contractions of the extensors of the trunk and lower extremities are observed before; local hyperemia is found nowhere, neither in the brain, nor lungs, nor heart.

As to crowing inspiration, it does not properly belong to the attack of laryngismus stridulus; its, and also the convulsive expirations are symptoms of returning reaction, that is, the recommencing of nervous and muscular functions. It is also met with in catarrh of the larynx, where the muscles of the vocal cords are spasmodically affected, and is, therefore, by no means a pathognomonic symptom of laryngismus.

This affection is mostly observed at the time of the first dentition, about the second half of the first year. I have often spoken of this period as one of general and rapid development of all the tissues and organs of the infantile body, and therefore I refer you to previous lectures. But I have here to direct your attention to the intrinsic similarity of this period of life with that of puberty, which also excels by its general rapid development. It is but natural that neuroses should be frequent in either, from this very physiological fact, and so they are, indeed. As in all cases of nervous diseases, however, all sorts of influences have been accused to be the causes of laryngismus: indigestion, cold, fright, morbid predispositions, ascarides, hypertrophy of the thymus gland, and every one of the imaginable affections of the pneumogastric and sympathetic nerves. And certainly dentition, the nightmare of both the public and many medical men. They may almost be excused by you on learning that even such men as Marshall Hall direct, in laryngismus, the gums to be incised, in different places and directions, once, twice, and even three times a day, and expect a cure from this sort of butchering art, or scientific butchery. I warn you most emphatically against following his advice to the extent in which it is given. In some cases incisions into the gums may be indicated, and I sometimes make them myself; but this readiness to operate on helpless children, who are so unfortunate as to "teethe," that is to say, to be from six to thirty months old, is, to say the least, a mistake. I shall avail myself of an opportunity to further give my views on the habit of "lancing the gums" in a more explicit manner, in my next lecture.

The large number of causes to which laryngismus has been attributed, and the various mistakes that have been made in the determination of its nature and character, have given rise to a number of names for this very same affection. Amongst them are foremost, besides laryngismus stridulus, apnoea of infants, thymic asthma, croup-like inspiration, crowing inspiration, spasm of the glottis, paralysis of the glottis, suffocative asthma, stridulous angina, internal convulsion, and others. The difficulty in finding a correct interpretation of the symptoms, and even accurate names, has been so great, that the disease has become known by the name of "Kopp's asthma." Even this is incorrect; for Kopp, who wrote in 1830, has not been the first to give an exact description of the disease, moreover with an erroneous etiology, as he was preceded by Hamilton in 1818, John Clarke in 1815, and Alexander Hood in 1827.

**CIDER IN DIABETES.**—Drs. Miller and Holmes reported to the Berkshire District Medical Society a cure of Diabetes in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider.—*Berkshire Med. Journ.*

## Original Communications.

### REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(Continued from page 116.)

It will be remembered that I stated my failure to find the cases referred to by my colleague, Dr. Jos. M. Smith, in which the diabetes had become complicated by the inter-currence of albuminuria. Dr. Smith has been so kind as to refer me to the page in Camplin's little book, where an observation similar to my own is recorded. I must have overlooked the statement, because it is dropped into a footnote. It runs thus (p. 13): "In this case the urine, which had been a long time in very large quantity, and contained only sugar as an abnormal ingredient, became albuminous towards the last, and increasingly so, as the fatal termination approached. A specimen examined a few days before death contained sugar, albumen, torule, and a few casts, and the specific gravity of that, if I recollect right, the last examined, was only 1.014, and it was as albuminous as in ordinary cases of albuminuria; the kidneys were found large, flabby, and congested, but with no decided marks of disease or degeneration."\* Here, then, in the condition of the urine, is the almost exact parallel of the two cases I reported. Mine, then, have not the advantage of priority; but if I have lost the credit of having first called the attention of the profession to this modification of diabetes, I have gained in the confidence with which I may submit the facts to their scrutiny.

There is another subject regarding which I wish to say a few words, before I take up the topic which properly belongs to this evening. I refer to the impaired function of the kidneys, as shown by certain observations of M. De Beauvais, spoken of by Goodfellow (p. 50) in these words:—"Turpentine taken into the stomach, or inhaled by the lungs [or injected into the superficial tissues], gives rise to the odor of violets in the urine; and every one knows the offensive odor given off from the urine after eating asparagus. Bernard asserts (on the authority of De Beauvais) that in Bright's disease, these effects are not produced." In other words, it is the office of the kidney in health to eliminate from the blood something which has a violet odor in one case, and something which has a hippuric odor in the other, and it is asserted that neither of these offices, normal and healthy under the circumstances, can be performed in this disease, any more than the urea can be fully eliminated. During the last twenty days, I have put this statement to the test so far as my opportunities have permitted. I directed that twenty drops of turpentine should be given to five female patients, whose urine had been albuminous, and who had markedly enough the symptoms of Bright's disease. The first urine that was passed after taking the turpentine was reserved for my examination. The peculiar odor was present in four, and absent in one. On further examination of these specimens, it was ascertained that at that particular time only one contained albumen, and that was the one which did not give the violet odor. In other words, five patients were under treatment, having had albuminous urine, pale skin, oedema, and other symptoms of kidney disease; the albumen disappeared from the urine of four of them (to reappear no doubt at a later day), and while the albumen is absent, these four give, after taking turpentine, the same odor that the secretion of a healthy person would give; while in one of the number, the urine being still albuminous, this odor is not to be discovered. It seems probable, then, that it is not

\* Had Dr. Camplin examined those kidneys with the microscope as would, in all probability, have found sufficiently "decided marks of disease or degeneration."

the existence of Bright's disease alone which prevents the elimination of this particular principle, but that state of the kidneys in Bright's disease which is attended by the separation of albumen from the blood.

The odor which asparagus gives to the urine was sought for in twelve patients, viz. in five at Bellevue, and in seven at St. Luke's Hospital. The five Bellevue patients were under the observation of Dr. Chandler, House Physician, who conducted the experiments for me. He gives the following details:—Case 1st, male. Urine was passed one hour after eating the asparagus, and immediately examined, but no odor of the asparagus was detected. The urine was albuminous at the time. Case 2d, male. Urine was voided in about an hour after taking the asparagus, and immediately examined. The peculiar odor was not detected. The urine was *not* albuminous at the time. These experiments were repeated after two days, with exactly the same results. Case 3d, male. Urine passed one hour after eating asparagus was albuminous, but had not the odor from the plant. Cases 4 and 5, males. Urine examined after the same interval, and in the same manner as in the previous cases. The peculiar odor was not detected, and the secretion was *not* albuminous. These last examinations were not repeated.

On the 1st of June, taking charge of the medical division of St. Luke's Hospital, I found seven among the patients who had Bright's disease. These were supplied with asparagus at the midday meal for several days, and the first urine passed after eating it was examined by Dr. Robt. Watts, Jr., House Physician, and myself, repeatedly. The odor of asparagus could never be detected in any, except in that of a woman in whom the affection was very chronic, and the symptoms almost wholly absent at the time of the examinations. In some of the cases, including the one just referred to, no albumen was then discovered, although it had previously been found in all.

The statement of De Beauvais is, therefore, substantially confirmed by these observations, at least so far as it relates to asparagus; and perhaps further examination may substantiate it as fully regarding the turpentine.

It will probably be found on further examination that kidneys in this affection are equally incapable of eliminating the few other odorous principles which are known to appear in the urine of healthy persons after the ingestion of other substances.

If we now turn to the causes of Bright's disease, I think we shall find, that beyond the knowledge of a very few facts, we are still oppressed by uncertainty and doubt. We have probably mastered most of the morbid manifestations that occur during life; and we have studied, with gratifying success, the conditions left after death by these morbid processes. Authors often write as if they were equally well informed regarding the etiology; but as I appreciate it, we know but little that is practical, very little that can aid us either in curing or preventing the disease. This is the true aim and utility of such knowledge.

I have already said the affection is often secondary, that is, it is caused by other diseases. In the greater number of instances adduced to illustrate this fact, we have seen that irritations of the branches of the great abdominal nervous system which are distributed to the intestines, pelvic organs, etc., can, slowly or promptly, according to the intensity of this irritation, induce renal derangement and disease. This may be effected either by a sort of reflex influence from the ganglionic centres, or through the countless anastomoses which bind the nerves of the abdominal, and I may add, thoracic cavities into one system. The condition of the renal nerves thus induced seems to be a paralysis rather than an excitation. From this we can follow the changes in the circulation and tissues of the kidneys to their completion with some degree of regularity.

We have seen that scarlet fever induces a disease which, in its anatomical and symptomatic relations, cannot be distinguished from the most common form of Bright's disease; differing from it, however, in its duration, severity, and

curableness. In this exanthem we know of no special lesion of the nerves or nerve centres which can be reflected upon the kidney; and believing that the febrile, gastric, cerebral, and anginal commotions that attend it are excited, at least primarily, by a poisoned condition of the blood, we are naturally led to ascribe the renal changes to the same cause. Whether this poisoned blood acts directly on the kidneys to produce congestion, and the train of changes which follow, or whether the poison acts as medicinal doses of arsenic probably do, upon the nerves first, the congestion following as a secondary result, we may not be able positively to decide. Still, when we witness the nervous agitations which often attend scarlet fever, and take counsel of the few analogies that bear on this point, we shall hardly deny to innervation the intermediate and important office claimed in the latter of these hypotheses. In any view, we cannot reasonably doubt that this "sequela" of scarlet fever has its origin in an unnatural condition of the blood, or, to use a phrase often misapplied, but in this relation apposite, in blood poison.

(To be Continued.)

## DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, JR., M.D.

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN BELLEVUE HOSPITAL MEDICAL COLLEGE, PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, ETC.

(Continued from p. 88.)

### CASE XCII.—*Post-partum Hemorrhage.*

It is my conviction that there is no obstetric accident which can so readily be warded off as post-partum hæmorrhage; and that the burden of proof always rests on the attending physician in accounting for the accident. Very few men, so far as I have seen, thoroughly comprehend that nice manipulation of the uterus after labor which lightly and thoroughly secures co-ordinate contraction of the uterine fibres, avoiding unnecessary roughness and force on the one hand, and neglect on the other. Many men flatten a uterus against the spine, and many a bandage tightly applied over a folded towel has but this effect. It has often occurred to me to be obliged to remove one of these bandages for this reason, and thereby at once relieve the patient from unnecessary suffering and danger. The use of ergot as a prophylactic is also too often neglected.

Mrs. —, a patient of mine, had a rapid and premature labor at between the seventh and eighth month with her fifth child. I reached the house after the labor was over. When Dr. — came down stairs to turn the case over to me, I inquired whether he had given any ergot. He replied in the negative, when I begged him to order some before he left, as I did not wish to appear to order anything which he had omitted. He declined, and left, and on going immediately to the bedside I found the patient feeble, with the uterus above the umbilicus. I sent at once for Dr. Delafield, who was in the neighborhood, and having given her a large amount of brandy, turned out a quantity of clots from the uterus, and maintained thorough uterine contraction with ergot and manipulation. But the poor lady had a narrow escape, losing first sight and then consciousness. With the aid of brandy, position, and the expressed juice of beef, she rallied and did well. The child died some seven months after, from invagination of the intestine. The case is narrated as a type of what so often happens, and in the hope that it may aid in the promulgation of the great laws for preventing post-partum hæmorrhage, which have been so pre-eminently laid down by the Dublin Hospital School.

### CASE XCIII.—*Convulsions.—Urine free from albumen.—Forceps.—Mother and child did well.*

Mrs. B., primipara, aged 22, fell in labor in the evening of November 19th, 1861. She had previously consulted me regarding her prospects, and I had made two examinations of the urine, which gave me a good specific gravity and no albumen. No microscopic exa-

mination made. She was robust, well built, healthy. Expression of face good, no puffiness. Some oedema of feet. Fingers somewhat swollen, rings removed. Bowels had been freely moved. I examined her on the 20th, and found the pelvis normal, os slightly open, soft parts not much relaxed, well ossified head presenting in the first position. Foetal heart to the left side. Uterine souffle distinct over the umbilical and hypogastric regions. The pains continued during the day and night with moderate effect, dilatation of os steadily progressing, and its dilatability well marked. 21st, 9 A.M.—The membranes had now reached the floor of the pelvis, when they broke. At noon gave  $\frac{3}{4}$  ss. tr. ergotæ, as but little advance was making. At half past two the pains were better, when suddenly she endeavored to raise herself in bed, turned partially to the right, and presented the well marked phenomenon of an epileptiform convulsion, biting her tongue. Gave chloroform immediately, and sent for a consultation. Dr. Thomas and Professor Gilman arrived within an hour, when Dr. T. took charge of the chloroform, and I delivered a living male child, weighing nine pounds, with the forceps. The frontal bone was depressed nearly half an inch below the parietal. The uterus contracted fairly, retaining the placenta entirely within it, and as the cord seemed very full of blood, it was cut just above the ligature, when a larger amount ran from it than any of the consultation remembered to have seen before, amounting according to our estimate to between four and five ounces. Drs. T. and G. now left, and I continued the influence of the chloroform. Some twenty minutes afterwards the placenta had not passed into the vagina, and the fundus uteri relaxed in a curious way without enlargement, giving to the hand the sensation of an extremely thin uterine wall, so I made a more careful examination and found the circular fibres lightly constricted, and the placenta retained as though in a bag with the mouth drawn. Deepening the chloroform, and dilating the cervix, I removed the placenta from the fundus, and after a good dose of ergot permanent contraction ensued. When the binder was on, the chloroform was discontinued, and consciousness returned, but the capillary congestion of the face, which was very marked, had not subsided, as it so generally does under chloroform. Pulse rather rapid and very feeble. Sent for Dr. Ross to apply wet cups to both temples, and had some  $\frac{3}{4}$  v. of blood taken. When the cups were first applied a violent convulsion followed, and this was the last. Tongue saved from being bitten.

26th.—Has done well. Bowels free, lochia good, milk secreted. Urine normal in amount, any little excitement controlled and anticipated by morphia. Dec. 1st.—Has suffered intensely for three days from periodic headache, best marked a little after noon. Quin. Sulphatis gr. x. 2d.—Ears ring, headache relieved. Continue moderate prophylactic doses. Feb. 10th, 1862.—Has done well, nurses her child. The protracted lochia have ceased. Uterus normal. Urine examined by Dr. W. H. Draper. Specific gravity 1009, not albuminous. Nothing under microscope but vesical epithelium. Has since continued well.

CASE XCIV.—*Footling Presentation in a Case of Contracted Conjugate Diameter.*—*Fate of Child.*—*Mother attacked by Varioloid within the Week.*—*Did well.*

Mrs. — was confined for the fifth time, Sept. 28th, 1861. See report of her former confinements in this Journal for March 2d, 1861, Case 39.

In labor fairly at 9 P.M. after fruitless pains for nearly two days. The os was then small and dilatable, membranes unruptured, right foot easily distinguishable. Foetal heart most distinguishable just above the umbilicus. As the pains had not done much for her, and she complained of fatigue, I gave her forty drops of McMunn's elixir of opium and left. Scarcely had I done so before a violent pain came on with rupture of membranes. In about an hour I returned and found a foot just within the vulva. Thinking that the opium might slow the pains I gave a tea-

spoonful of the saturated tincture of ergot, but the pains did not slacken, and were strong and frequent. Everything advanced well, both legs and the breech were expelled naturally and without traction. Drew down a loop of cord, which pulsated in a satisfactory manner. Hoping now that, notwithstanding the deformity with which the previous labors had made me so familiar, the labor might be terminated with safety to the child, I placed the patient in the customary attitude for obstetric operations, with each leg confided to an assistant, and with my forceps at hand awaited the result. The left was the posterior arm, and when it came readily within reach, I simply finished disengaging it, no traction being necessary. During this time I kept two fingers of my right hand within the vagina, slightly pressing back the perineum, so that I might guard the cord from pressure below, and feel its pulsations, which continued to be good. Waiting thus for a pain I found that the right arm did not advance, and had to be disengaged from its position, as it was wedged between the head and the right linea ileo-pectinea. After doing this, as the pulsations of the cord were satisfactory and no struggle of the body for breath had occurred, I waited for another pain, and then readily delivered the head without instruments, and with no more than the customary scoop. Confiding the uterus to an assistant, and finding an excellent funic pulsation, I divided the cord, but to my surprise not the slightest effort at respiration took place. Hot and cold baths, slapping, sprinkling, insufflation, assiduous use of Marshall Hall's method, and the allowing of a half teaspoonful of blood to flow from the cord had no effect whatever, and not even a faint effort at respiration ever rewarded my labors, which were unremittingly kept up for forty minutes. All this time the heart continued to beat, though with gradually diminished force, and the pulsations persisted for a few minutes after my efforts were relinquished. The child weighed more than ten pounds, was well formed, free from evidences of injury, with a head quite small in proportion to its body.

The placenta came away readily, and the uterus contracted well. The mother was attacked with varioloid a few days afterwards, and seen in consultation by Dr. Catlin. She did well.

My experience has taught me to dread breech cases, but in this one, which presented no feature in the management which I could improve, *nec temere, nec timide*, the result was one bitter disappointment, and the refusal of a post-mortem another. Certainly there were none of the ordinary causes for death at work. The funis never faltered in its pulsations, the death struggle of the child when partially born, which it has been my lot to see so often, never occurred in this case, and it is not possible for me to account for the death without speculation. A clot on the medulla possibly; but why should this happen without evidences of pressure on the funis, or compression of the head, of which no traces appeared?

## THE DISTINCTIONS BETWEEN A VIRUS AND A POISON.

By W. H. THOMSON, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

In taking a general view of human diseases, our attention will be arrested by certain very remarkable features, which characterize a large and important class. These features not only ally the different members of the class to each other, but separate them completely from every other order of morbid processes, and it needs but little further examination to perceive that they are not peculiarities only, but essential elements in these diseases, lying at the very basis of their pathology, and which they show by their extraordinary characters to belong to a wholly distinct order of causes. We would enumerate the more prominent mem-



bers of this class as comprising variola, scarlatina, diphtheria, rubeola, typhus fever, the plague, typhoid fever, cholera, hydrophobia, and pertussis. Yellow fever and erysipelas we would exclude for reasons we will state; while syphilis, with some of the identical features of the family, yet presents others which seem to refuse all relationship with any of its branches. For want of a better title, we have ventured to apply to them the term *virous*, although its Latin derivation implies a poison—the very idea of their nature against which we would protest, as confounding them with a class of agents with which they have hardly anything in common.

In the first place, we are met with the important fact that not one of them are we able to trace, as we can other maladies, to disordered functions of the body, but they are always themselves their own cause. In other words, they are invariably invaders from without; and the human frame can, by no process of its own, normal or abnormal, give origin to them, any more than it can give origin to vegetables or animals. We may go still further and say, that as the living body cannot first generate them, however it may reproduce them, neither can any conceivable composition or decomposition of solids, fluids, or gases, be their beginning; for of this truth we have a demonstration no one would gainsay, were it not that some medical theorists have a way of stalking to their conclusions, with a most irresistible contempt for facts. A very few general causes, which have always existed, are made the direct sources of numerous most specific diseases, which have every one of them historic beginnings. In other words, in many countries their origin we know to have been an *importation*, a definite chronological event, and one of the exchanges of commerce or conquest; so that instead of arising from some unlucky mingling of physical elements, they date invariably from a mingling of human beings. The nations of Europe for ages knew no more of scarlatina or small-pox than they did of tobacco or gunpowder, while, on the contrary, the like of pneumonias and rheumatisms—true functional disorders from elemental causes—have been the lot of man ever since Paradise was lost. Their commercial, rather than chemical origin, as well as their first route of travel, is sometimes curiously indicated by their names, for as the names Damask, Calico, and Cologne, preserve the origin of what are now world-wide manufactures, so we speak of a man in Ohio dying of *Asiatic* cholera. This great fact is often strangely ignored by writers who persist in ascribing these modern diseases to causes more ancient than any human tradition; but were it kept more steadily in view, we would no more hear of Irish filth creating typhoid fever, than of Irish soil spontaneously generating potatoes, however luxuriantly both are found in our day to develop about the shanty. No one questions, notwithstanding their disastrous multiplication, that southern acres did not give birth to negroes before 1630; and in the same way precisely, small-pox, measles, and this whole tribe, originated in America, not from dunghills or cesspools, but from ships.

That these diseases, which fill the grave with numbers greater than does any other array of our destroyers, and which ever strike down those who are yet far from the natural measure of their days, should have attracted the greatest attention, was inevitable. But we have wondered why it is, that their many wholly peculiar and distinctive characters have served so little with nosologists in forming their classification, or a consistent theory of their pathology. At present, they are generally arranged in text books, according to the more prominent symptoms to which their operation in the system gives rise. Thus, most of them are classed under the head of fevers, some under skin diseases, while whooping-cough and hydrophobia are made to keep company with asthma or hysteria. But if rubeola, for example, is to be classed with malaria, because both give rise to fever, why should not gunshot wounds be joined with them?

But in our view, the pathology of these diseases has

been most confused by accepting a few imperfect analogies as indicating a relationship between virous diseases and poisons. First, viruses are classed with poisons, because both come from without the system, and are on that account true morbid agents, operating simply because they have gained entrance, and therefore, generally speaking, it matters little whether they have got into a healthy or unhealthy system. Variola and morphia, the bite of a mad dog and the bite of a rattlesnake, produce results equally disastrous in a prize-fighter as in a consumptive. Both also resemble one another in causing a wonderful disturbance from small beginnings. But perhaps the most effective consideration has been, that the two are equally mysterious, and it follows practically that we must seek the antidote to a virus, or failing in that, must promote its *elimination*, like that of other poisons, by the great emunctory organs.

But let us recal what essentially constitutes a Poison, and apply its well known rules to the equally known characters of viruses, and see how they will harmonize. We begin with the broad fact, that though some, as the vegetable and animal poisons, are organic products, yet they are themselves never anything but chemical or physical agents, and purely physical conditions are required for their action, and nothing else. Thus the first law of a poison is, that whether mineral, vegetable, or animal—either a grain of arsenic, or strychnia, or a drop of venom—it needs but a twinkling after it is fairly swimming in the blood current, before the man is poisoned. Whatever the delay, that has not been in action, but in *absorption*; and all its symptoms, whether trivial or fatal, have nothing to do with time, when once these agents have reached their destination, any more or less than has the thrust of a bayonet. We have but to instance how the action of arsenic, strychnia, aconite, snake bites, etc., can be delayed or suspended, by a ligature about a limb in which they have been injected, to establish this analogy with simple physical laws. But secondly, if time is not an element in poisoning, *quantity* is, and the operation is directly proportioned to the *amount* introduced. Thus in all cases, no matter how powerful or concentrated the agent, it must be an appreciable and definite quantity to produce a given set of symptoms; so that, for instance, one amount will kill, a less amount will make the patient very sick, a still less quantity will make him less sick, and smaller doses yet are often medicinal. Thirdly, a poison has no variations either of manner, time, or place, in its action, in this also preserving analogies with physical agents. Strychnine of a mild type, or a year in which serpents are twice as venomous as in the previous year, or tartar emetic which will vomit only in certain latitudes, are absurdities. Again, as a physical agent, like a bullet for example, kills by its passage, in the same way precisely acts a poison like prussic acid; that is, prussic acid is no more generated in the body which it is fearfully destroying, than are bullets. Lastly, the operation of poisons once over, they leave no *specific* life impress on the system, which rids itself of them the same way that it rids itself of urea or carbonic acid; and should the patient, the following week, get the same dose, he will repeat the same experience, and so on, *usque ad finem*.

Surely we have only to state the essentials of a poison, to feel that at every step we are departing from a virus! Thus at the outset, in irreconcilable contrast with the necessarily immediate action of poisons, we meet in viruses with the significant fact that their morbid symptoms are *never* immediate, but on the contrary (and this also is no less important), they require not only a prolonged but a *definite* lapse of time, each particular virus having its own term of development, with the same kind of regularity that accompanies the different stages of vegetable life. It is difficult to find in chemical or physical processes, even the approximation to a principle which will explain this remarkable phenomenon in virous diseases, and therefore pathologists (without often recognising the legitimate bearing of the name) have been obliged to borrow for it a term proper

only to the living organic kingdom, namely, *incubation*. We think the choice unfortunate, for it implies in viruses an *animal* life, with which they have but very few analogies, and would much prefer it had been *germination*. Like other servants, words not seldom make a servant of their employer, the mind, and we have suspected that this word, incubation, may have caused the true nature of viruses to be missed, by its directing the mind on the wrong scent, namely, that virus diseases were owing to a vast hatching of little *animals*. A diligent search has therefore been made for the small-pox animalcula, but because neither in that disease nor its congeners have any such things been found, the analogy with organic life in the invariable phenomena of incubation, besides many others no less strong, has been surrendered, the general view reverting to the old idea of a poison.

But what tangible poison is there, which must traverse the circulation some millions of times, for nine, fourteen, or thirty days, before it can act at all? The poison advocate must eliminate this troublesome fact before he can harmonize his reflections. But long ere his mental processes have brought this about, he will encounter a series of incompatibles, beginning with one which is even worse than incubation, namely this: Does he, when securing the entrance of a particle of arsenic or other poison, not only expect to wait two weeks before he sees anything more of it, but also expect that his patient will, at the end of that time, have almost turned into arsenic himself, reproducing enough of it to poison all New York? The historian Robertson states that one negro, landed on the coast of Mexico, with a few variola pustules, destroyed three million and a half of people, within a wonderfully short time. Now who thinks of including in the same division of nature, a grain of sand and a grain of mustard seed? There is a transcendent difference between these two. For the grain of sand must remain a grain of sand for ever, but the other grain beside it, begins to go through a series of extraordinary changes—definite, however, in succession, time, and result, which last is, mustard seeds innumerable. Give the original grain infinite opportunities, and it will show it has infinite capacity for such opportunities, and could fill the fixed stars with mustard. But precisely this difference confronts us between a particle of arsenic and a particle of variola crust, and yet shall we consider them like agents to be named alike?

It has been well said that the sublime narrative with which the Bible opens, does not adduce a manifestation of Infinite Power nearly so wonderful as when it represents the Omnipotent giving to the first seed its mysterious principle while the earth stands. Life and Death are wonders, because all physical Nature cannot tell of them a word, but Reproduction of Like from Like is a greater, to which the lesser two owe their very existence; for, without it, physical Nature would soon have the world to itself once more. When we are confronted, therefore, with this great principle, which the profound old Egyptian thought it unlawful to name, we feel at once that we are at an infinite distance from crystallization, cohesion, oxidation, affinity, and all such forces. But it is indisputable that this principle is a leading element in Viruses, for it occurs in them to an amazing degree, and observing closely its invariable law of sequence, to a definite series of changes, occupying definite periods of time, regulated by the articular virus.

For the more we examine these two characters, Incubation and Reproduction (and the no less important one that intervenes—Development or Growth), the surer grows the conviction, not only that they are unmistakably allied to organic phenomena alone, but that they settle the whole pathology of these diseases, because they are the only reasons that these diseases are diseases at all. If a drop of variola lymph cannot be reproduced in a man, then he need fear it as little as a drop of molasses. A virus, therefore, is nothing without reproduction.

But reproduction quickly brings up another great feature of viruses; for reproduction necessarily involves propagation, and these diseases must, therefore, from their very

nature be *Communicable*. We prefer this word to Contagion, for this latter unfortunate term somehow stirs up some medical minds to fierce hostility to anything with which it has any connexion. But no one surely will deny that Virus diseases are "communicable" if not "contagious," and they are so, because reproduction involves propagation wherever the conditions of the reproducing life are to be found, and viruses find their conditions in animal bodies, and on that account spread from body to body. There is nothing, therefore, inexplicable in this character of Viruses, unless we think of them as *poisons* whose laws are physical. But how can a Virus be a Poison, if it can have no existence without these three elements, incubation, reproduction, propagation, when it is absolutely absurd to talk of a poison, for instance aconite, having either of them in the remotest degree?

(To be Continued.)

## Reports of Hospitals.

### NEW YORK HOSPITAL.

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]

(Continued from page 121.)

#### SUICIDAL WOUND OF THROAT.—GUNSHOT WOUND OF SHOULDER. EXPOSURE OF AXILLARY ARTERY.

CASE IV.—*Incised Wound of Throat*.—Abby Connor, 28, Ireland, married, admitted June 10, 1862 (Dr. Parker).—Patient states that immediately previous to admission, being somewhat delirious, she cut her throat with a razor. On admission she was in a state of great prostration, although the hæmorrhage has not been profuse. Pulse at the wrist scarcely perceptible; surface cold. On examination she is found to have an incised wound of the throat, transverse, six inches in length on level with upper margin of thyroid cartilage, and opening into the trachea. The œsophagus is injured. No important bloodvessel is wounded, and patient is able to articulate. Sutures were applied, and cold-water dressing. The cut surfaces united without trouble, and the patient was discharged cured on the 11th day of July.

CASE V.—*Gunshot Wound of Shoulder—Exposure of Axillary Artery, and Recovery without Ligature*.—Miles S. Adams, 30, N. Y., Co. A, 3d Michigan Regt., admitted June 8, 1862 (Dr. Parker). Patient states that eight days previous to admission he was wounded by a ball at the battle of Seven Pines. On examination, it is found that the ball entered the anterior aspect of the right shoulder, just below the coracoid process, and came out about three inches below on the posterior aspect of the arm. The track of the wound is still open and secretes a large amount of pus, but there is not much tendency to burrowing. Through the upper wound the axillary artery could be seen pulsating and bare. This fact gave rise to a good deal of anxiety and watchfulness, as it was thought the artery would have to be ligated above in order to guard against sudden and fatal secondary hæmorrhage. But the wound filled up with granulations, and everything progressed towards a favorable recovery.

### SOLDIERS' HOME.

(Dr. A. B. MOTT, Attending Surgeon.—A. E. M. PURDY, M.D., House Surgeon.)

#### AMPUTATIONS OF SHOULDER.—DIPHTHERIA.

CASE I.—*Gunshot Wound of Shoulder—Amputation; Recovery*.—William Cockefair, private, Co. I, 9th Reg't N. Y. Vol., Hawkins Zouaves, wounded at the battle of Camden, April 19, 1862, by a musket-ball in the left shoulder, posteriorly about an inch and a half below the acromion process of the scapula. The wound was received whilst he was lying on his abdomen, where he had just dropped to avoid a shower of grape and canister. He was able to rise immediately, take his musket, and walk to the field



hospital, which was placed about two hundred yards in the rear. There was not much hæmorrhage. Two days after the action he was anesthetized and the wound probed, but no ball was found. From the time he received the wound he was unable to use the injured arm, and suffered continuous pain: cold water, only, was used as a dressing. On the 4th of May, he was placed upon the hospital transport *Eastern Queen*, and arrived at this hospital on the 9th of May. Upon entering, the arm was firmly flexed and slung forward on the abdomen; pulse accelerated, and the wound discharging a fetid and unhealthy pus. The patient continued to suffer intense pain, so that anodynes had to be freely used; and as he was failing, a consultation was held on the 17th of May. The patient being etherized, the opening was enlarged to admit the finger, when it was found the head of the bone was greatly shattered; so much so, that amputation was deemed advisable. The arm was, therefore, amputated at the shoulder-joint on the 18th May, by Dr. Alex. B. Mott, surgeon in charge, assisted by Dr. John J. Crane.

The operation chosen was the double flap, that of Lisfranc, the one now generally adopted. There was little or no hæmorrhage, and the patient rallied well. The day following the operation, the wound discharged a large quantity of pus, and continued doing so for some time. The patient's appetite immediately improved and his strength proportionately, so that on the 15th day after amputation, he was able to walk about the ward, and on the 21st day walk out. The arm was dressed throughout entirely with dry lint. The ligatures all came away on the 10th day.

**CASE II.—Gunshot Wound of Shoulder; Amputation, Death.**—Cornelius Regan, private, Co. G, 37th Regiment N. Y. Vol., was wounded at the battle of Williamsburg, May 5, 1862. The ball entered anteriorly a little below the acromion process of the scapula, emerging posteriorly at the spine of scapula, causing considerable hæmorrhage. The wound progressed favorably for a short time, but upon entrance into this hospital, May 14th, there were symptoms of necrosis, and a few days after two large pieces of bone were extracted. Upon an examination of the wound not only was the head of the humerus shattered, but the acromion process and spine of the scapula were both fractured. On the 6th day after admission, symptoms of pyæmia began to show themselves, violent chills, three or four times daily, followed by profuse perspiration. Quinine with an excess of the acid gave some relief, but the wound discharged a very unhealthy pus and his strength continued gradually to lessen, until at length, after a careful examination, amputation was considered the only avenue towards recovery. Amputation at the shoulder-joint was performed on the 31st of May, by Dr. Alex. B. Mott, surgeon in charge, assisted by Dr. John J. Crane. The same method was adopted as in the former case. The operation was completed about 6 p.m., and the flaps filled with an ice-cold sponge. Considerable blood was lost during the operation, because of the difficulty in tying the ligatures, the surrounding tissues being in a very diseased condition. At 10 p.m. the lips of the wound were brought together with interrupted sutures and adhesive straps; stimulants were freely given and cold being applied, the patient was left for the night. In about half an hour, word came the patient had bled to death, and upon reaching him the bed and floor were found saturated with blood. The wound was immediately opened and an effort made to ligate the bleeding vessel, which was found to be the anterior scapular artery, but the ligature had torn away so high up, that it was impossible to reach it. By this time the patient was moribund, and died at 3 a.m., July 1st.

**CASE III.—Diphtheria—Death—Autopsy.**—Alden L. Page, musician, Co. E, 2d Reg't Maine Vol., admitted June 25th, 1862, suffering from chronic rheumatism, not having been able to do duty since the battle of Bull Run. About four days after his entrance he began to complain of sore throat, pain upon deglutition. The pulse at this time was natural. The next day the throat becoming more painful, an ex-

amination was made, when diphtheritic patches were seen upon the tonsils, palate, and posterior fauces.

He was immediately put upon the tonic and stimulating treatment—Quinine gr. iij. every three hours; potassæ chlorat. 3 ij to aq. 3 iv; 3 ij. every fifteen minutes, both as a gargle and internally, and stimulant to the amount of twelve ounces of whiskey daily. The pulse was now about 100 per minute, the respiration was slower, and his countenance assumed a very anxious look, with deglutition still more painful. The treatment was continued, and the stimulants increased to 14 oz., but all to no purpose, as the exudation continued to increase, and respiration was performed with the greatest difficulty. The last forty-eight hours there was complete aphonia and a flapping sound upon expiration and inspiration, as if the membrane were loose in the trachea. At this time the exudation covered the tonsils and palate, and seemed to extend far down into the air passage.

It should be mentioned, there were in the same ward with this patient thirty-four others, suffering from miasmatic fever, chronic diarrhoea, etc. The question very naturally arose concerning contagion, and it was determined to let him remain, care being taken to thoroughly cleanse all articles in use. Respiration now became very labored, and it was with the greatest difficulty he breathed at all; his sufferings were intense. His countenance assumed a still more anxious appearance, and symptoms of asphyxia now began to be noticed. At length he gradually sank away, dying on the evening of the fifth day after the commencement of the disease.

**Autopsy, Twelve Hours after Death.**—An incision was made in the course of the trachea, and the fauces and trachea down to its bifurcation with the bronchi were removed. Upon laying it open, a membrane of one-sixteenth of an inch in thickness was found to cover the entire inner surface of the air passages, extending down into the third ramification of the bronchi.

## Progress of Medical Science.

### EFFECTS OF THE FUNGI OF WHEAT IN THE PRODUCTION OF MEASLES.

Dr. J. H. Salisbury, of Newark, Ohio, has contributed a very interesting paper on the connexion of measles with the inhalation of the spores and cells of wheat straw. After some general remarks on the character of vegetable fungi, he relates the following case:—

"Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had caught them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and were already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odor of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest, his throat

and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste still continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

"Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

"Saturday, December 7th, felt much better. The eruption had passed downwards over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. In the evening of the 9th he called at my office. His eyes were still red, inflamed, and sensitive; throat sore, dry, and voice hoarse, and had a heavy congested feeling still about the chest. The blotches on his face could be faintly distinguished. He stated that he could still taste the old straw in his throat."

On the same day (Dec. 4th) that Mr. Dille exposed himself to the straw dust, the measles first made its appearance in the military camp at Newark. It is interesting in that connexion to take into account the following facts:—From the 23d to the 30th the weather was cool and damp, with considerable rain and snow. On the 1st of December snow fell to the depth of an inch; on the 2d inst. the weather became quite warm, and the snow melted. Again the beddicks for the soldiers to sleep upon were stuffed with straw and near a fire. Here were present all the conditions requisite for the formation of mould upon the straw, viz. organic decomposition, heat, and moisture, and here were also visible the effects of the exposure of the men to such influences—nor could the disease be traced to any other source. The men came from different parts of the country, and had neither been exposed previous to enlistment, nor afterwards, to the contagious influence of the disease.

On the first day of the appearance of the fever there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the fourteenth and fifteenth day the disease again appeared, due no doubt to the exposure to contagion. Dr. Salisbury asserts that in almost every instance where camp measles exists the beds of the soldiers will be found filled with straw. As further illustrating the effects of the inhalation of the dust of wheat straw, several farmers stated at a recent meeting of the "Farmers' Club" in that place, that it was very common after threshing wheat for persons to be taken with severe chills, followed by a high fever, catarrhal symptoms, and an eruption upon the face.

With these observations before him, Dr. S. deemed the subject one for further investigation, and accordingly procured the fungous growths of wheat, and the dust rising from them when agitated, for microscopical examination. The straw used for this purpose was taken from the camp beds, from Mr. Dille's stable, and from stacks in the field. The mould consisted of cells, spores, and sporangia, each element existing in greater or less quantity according to the amount of decomposition which the straw had undergone. He then took clean white straw, free from fungi, packed it firmly in a small wooden box, wet it with a small amount of cold well-water, and placed it with the lid firmly secured near the stove in his office, subjected to a temperature of from 60° to 75° Fahr. Twenty-four hours after, the box was opened, and the centre of the straw was found covered with a mould, and when the mass was agitated a fine dust of spores and cells was disengaged. This, when inhaled, had the odor and taste of old straw. Again the straw was moistened and subjected to the same influences for forty-eight hours, with the effect of increasing the formation of the fungi, and rendering the proportion of sporangia greater. The doctor then conceived the idea of inoculating himself, and makes the following statement of its effects:—

"At 10 o'clock P.M., Feb. 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw—covered with the plants—on a plate of glass and hitting it with a few slight taps. On removing the straw, under and both sides of it was a white cloudy band, about one-third of an inch wide, running across the glass. These spores and cells lay so thick on the glass, that, to the naked eye, they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

"Wednesday, Feb. 12th, perfectly well. No inflammation or itching around the point of inoculation.

"13th. Slight nausea. A very slight redness and itching at inoculating point.

"14th. Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

"Saturday, Feb. 15.—Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a cold.

"Sunday, Feb. 16.—Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart, so that I cannot use them to read by gaslight. Whole scalp feels sore, with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

"Monday, Feb. 17.—The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

"Tuesday, Feb. 18.—Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

"Wednesday, Feb. 19.—Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well."

A second inoculation of himself on the evening of the day of recovery produced no effect save a slight sensitiveness of the eyes. Next his wife was inoculated, and substantially the same constitutional symptoms were produced. He next inoculated a healthy boy, six years of age, who had been exposed to measles by contact with the disease. The fungi were grown in the office, and were introduced under the skin seventy-two hours after exposure. On the second day, there was redness of the skin about the size of a dime. This was preceded and accompanied by slight catarrhal symptoms. These subsided without any bad effects. In the course of ten days he was perfectly well, and at the time of reporting the case forty-two days had passed, and no signs of measles had yet made their appearance. This

procedure was adopted in thirteen similar cases with like results.

The inoculation produces a simple measles blotch around the wound, and is only attended with a slight itching sensation. Dr. S. makes the following remarks in conclusion:—

"I have not been able to distinguish thus far any difference between the eruption and attendant symptoms of genuine measles and 'camp measles,' or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measles blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results, makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

"This matter, however, requires further investigation before fully reliable statements can be made.

"To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles, can only be settled by careful and extended experiments."

## American Medical Times.

SATURDAY, SEPTEMBER 6, 1862.

### VOLUNTEER SURGICAL AID.

DURING the progress of this sanguinary war the medical profession in civil life has frequently been called upon for aid in times of great emergency. Commencing with the battle of Bull Run, there has scarcely been a clash of arms which has not summoned practitioners from their private pursuits to the temporary aid of their brethren of the army. The battle-fields of Fort Donelson, Pittsburgh Landing, and others in the West, drew largely upon the profession of the western States. So, also, throughout the entire campaign of the Peninsula, the medical profession of the northern and eastern States contributed largely in aid of the medical service of the army. And that aid has always been cheerfully and promptly given, though gratuitous, and often at a great personal sacrifice. Many of the oldest and most reputable surgeons engaged in large business have responded to the call, and given their time and services to the country. In this generous devotion to the public interest and the welfare of the suffering soldiers, the medical profession acts with characteristic patriotism and humanity. But these acts of self-sacrifice, like the gentle ministrations of charity, are unseen and unacknowledged, except by the recipients of the benefactions. They are, however, none the less important, and will some day largely swell the sum-total of the people's patriotic services.

Another appeal for voluntary aid has come from the battle-field to the medical profession, and the response has been equal to the demand. If a thousand surgeons did not

arrive at Washington within thirty-six hours of the issuing of the call, as reported, a sufficiently large number assembled, according to the announcement of the Surgeon-General, to meet the wants of the service. Such generous enthusiasm should find its appropriate reward in large opportunities to succor the wounded, and in multiplied methods of relieving human suffering. But it is an important question how far the voluntary services of the profession are, under these circumstances, made available; in other words, is there not a large amount of misdirected effort on the part of volunteer surgeons which a well digested system would render useful?

The answer to this inquiry will appear, if we consider the nature of the duties which they are called upon to perform, the qualifications requisite to their proper performance, and the class of persons who respond to the call of Government. The service required of the medical staff on the battle-field is entirely surgical; and the exigencies of that service require the highest order of talent and the largest experience for its proper performance. The surgeon has to determine some of the nicest questions in surgery under circumstances the most difficult and perplexing. On his decisions, thus hastily formed, rests the safety of the patient's limbs, and often his life. Knowledge and experience, alone, can give him the proper qualification for this duty. Again, operative surgery enters largely into the duties of the surgeon on the field. Here experience is of the utmost importance to a proper discharge of duty. The surgeon is required to select the best operation for the case in hand, and to perform it with dexterity. There is no time to be lost in the manual part, but with the utmost dispatch the operation should be completed, the wound dressed, and the patient removed. To accomplish these objects properly, nothing but practical familiarity with the manual exercise of the operative surgeon can suffice. It is evident, therefore, that the duties required of those who go to the field to aid the medical staff of the army during or immediately after a great battle, are of the highest surgical importance; and that for their proper performance the highest surgical ability and experience are requisite.

But it must be admitted that the class of persons who volunteer for such service are not always, if, indeed, they are in a majority of instances, qualified to discharge the duties which we have briefly noticed. Large numbers of practitioners, influenced by patriotic and humane feelings, but who have no knowledge of surgery or practical experience, obey the summons. Others from mere curiosity accept the gratuitous transportation of Government, and heedlessly seek the scene of conflict. Still others, who are aspirants for surgical distinction, but who have never had an opportunity for practice, especially in operative surgery, rush frantically to the battle-field as the great theatre where they may operate without stint or hindrance. On every field where a sanguinary battle has been fought these different classes of volunteers have been found, and the results which have followed have been deplorable. The unnecessary sacrifice of limbs, the failure to perform proper and necessary operations, and the injury needlessly inflicted in the search for missiles, are the legitimate results of the labors of such incompetent surgeons.

A new campaign has commenced, which promises to be more sanguinary than the last; and among the errors of the past which we desire to see corrected is that of volunteer surgical assistance. That surgeons in civil practice will be



frequently required to aid their brethren of the army in great emergencies, there can be no doubt. Nor can there be a doubt that by a proper system the best surgical talent of the country can be commanded and rendered available at the moment when there is the greatest necessity. An organization which would most perfectly accomplish this purpose would recognise in every state certain surgeons, whom the Surgeon-General should be authorized to call into the service at his discretion. Such surgeons should select three, four, or five assistants, who should always accompany them to the scene of action. A single qualified surgeon, with ample assistance, would thus accomplish more and to a better purpose, than a score of men gathered up without regard to their qualifications.

### THE WEEK.

THE British Medical Association, an organization not unlike the American Medical Association, publishes a medical periodical, which is furnished gratuitously to the members who pay their annual dues. The income of the society is about \$14,000, and the cost of the journal about \$13,500. The periodical, the *British Medical Journal*, is very ably conducted, but, nevertheless, ever since its establishment it has been a source of discord. The association had, during the first years of its existence, published an annual volume of *Transactions*, which formed one of the best serial publications emanating from the British professions. We desire to call the attention of those members of the American Medical Association, who have encouraged the establishment of an organ of that body, to this example of a large society expending a sum of money which would issue half a dozen volumes of the size of the American *Transactions*, upon a journal which tends rather to alienate than unite its members. The inevitable result of such diversion of its funds and purposes would be the ultimate destruction of the Association.

EUROPE has had a large number of voluntary Congresses during the past year, and two still remain to be held, viz:—The British Association at Cambridge, and the International Association for the Promotion of Social Science, at Brussels. At the latter the following questions are proposed for discussion in the Section on Public Health.

"1. Does not the improper and insufficient diet of the working classes contribute to the increase of pulmonary consumption?—remedies for this evil. 2. Drainage as a sanitary measure, particularly amongst dense populations—can it altogether extirpate endemic diseases? 3. Scrofulousness of children in foundling and orphan hospitals—ought not country and maritime situations, which are less subject to scrofula, to be selected for such establishments? should not general orphan hospitals be founded on the plan of the reformatory schools at Beernem and Ruysseleede? 4. Danger in consanguineous marriages—should the legislative prohibitions of them be extended?"

At the recent meeting of the *British Medical Association*, DR. CUTLER, of Mass., introduced the American method of applying extension in the treatment of morbus coxarius. He described DR. DAVIS's and DR. SAYRE's splints, but did not exhibit them, as he had no authority from the inventors. It is to be regretted that DR. C. did not more thoroughly develop, with the aid of the instruments, this plan of treating hip-diseases. As yet this disease is treated, in France and England, by the old methods.

A large number of medical gentlemen left this city on Saturday evening, in obedience to a call from the Secretary of War upon MAYOR OPDYKE for surgical assistance. We learn that they have organized into a working body numbering forty, with DRS. DETMOLD, STONE, and HALSTEAD as an executive committee, and have been assigned to the Capitol building and grounds, where beds have been arranged.

### Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1862. Pp. 567.

THE present volume of *Transactions* is, in many respects, the most creditable yet issued. The papers are in general more elaborate and more thoroughly finished than usual. The typography is excellent, and the freedom of the text from errors will impress every one who is accustomed to examine critically this annual volume. For the good appearance of the *Transactions*, as well as for one of its most interesting papers, the Society is under lasting obligations to its indefatigable Secretary, DR. SYLVESTER D. WILLARD, of Albany. We can but commend the unwearied patience of DR. WILLARD, and his generous devotion to the interests of the Society. He has for several years gratuitously edited the *Transactions*, and by perseverance gradually brought them from a thin and execrably printed pamphlet, to the present large and elegant volume. Many of the papers have already appeared in pamphlet form, and have been noticed in our columns. The remainder are for the most part well written, and creditable to their authors. We shall notice some of them more at length hereafter.

A DESCRIPTIVE LIST OF THE MICROSCOPICAL SPECIMENS ILLUSTRATING SEVEN LECTURES ON THE STRUCTURE AND GROWTH OF TISSUES, ETC. By LIONEL S. BEALE, M.D., F.R.S. April—May, 1861. London: Churchill, 1861, pp. 16.

This pamphlet contains, as its title indicates, several colored plates, and a descriptive list of the microscopical specimens illustrating the author's lectures.

SMALL-POX AMONGST SHEEP.—At Allington, in Hampshire, about six weeks since, a disease of a most virulent character appeared among the flocks of Mr. Parry, and spread with fearful rapidity. The first symptoms of the disease were, a staggering gait, slight fever, and swollen eyelids; red spots subsequently appeared over the whole body; these assumed the character of the pustules of ordinary small-pox, followed by malignant ulceration, which emitted a thin offensive matter. The mortality was truly frightful. Diligent inquiry failed to elicit the cause of the outbreak; it was found impossible to trace it to contagion. No one in the locality had ever witnessed a disease of this type, and Mr. Parry, in his dilemma, applied to Professor Simonds, of the Royal Veterinary College. This gentleman immediately pronounced the disease to be small-pox, and, with his accustomed energy, set to work to arrest its ravages. On Saturday last he completed his inoculation of the lambs, originally 700 in number, having a few days previously inoculated the ewes, which amounted, at the time the disease showed itself, to 1000. We are happy to say that the mortality is already much upon the decrease, and we shall look forward with great interest to the ultimate comparative results of the natural and inoculated disease among the animals. This cannot be accurately known for two or three weeks. The subject is one of extreme importance, not only to the owners of sheep, but to the public in general.—*Lancet*.

## Correspondence.

### FOREIGN CORRESPONDENCE.

#### LETTER X.

By PROF. CHARLES A. LEE.  
BOARD OF WORKS—SEWERAGE.

London, July 15, 1862.

HAVING received an invitation from the "London Metropolitan Board of Works," to accompany the officers and members of the vestry of the different parishes in London to view their main drainage works, I joined a party this morning, and in carriages reached the works at Old Ford, several miles below the city, near the Bow station, on the North London railway, and opposite Woolwich.

I may premise, that the old sewers of London have been, for years, incompetent to perform the office for which they were assigned; not only this, they became an unwholesome, dangerous, and often fatal nuisance; poisoning the river, and causing a most offensive effluvia. So intolerable did this become, that during the hot summer of last season thousands of tons of lime were thrown into the Thames near Putney bridge, just at the turn of the tide, so as to act as a disinfectant. A beneficial effect is said to have been produced, but by no means adequate to counteract the deadly miasm. You are doubtless aware, that a large proportion of the ground on which London stands is so low, that the drains in connexion with the houses empty themselves into the river at a level considerably below high water mark. In some places the outfall is so low, that it is stopped by the tide for sixteen hours out of the twenty-four; in other places it is still worse, the stoppage continuing for twenty hours out of twenty-four. During all this time, the sewers in these localities are a sealed up mass of waste matter, which, accumulating with its own flow, and being forced back by the rising tide, not only sends out immense volumes of foetid effluvia into the streets and dwellings, but frequently overflows with fluid filth into the cellars, basement floors, and low garden grounds of the more densely crowded districts. The health of these neighborhoods, of course, suffers in proportion, and thousands annually sicken and die of cholera, fevers, and bowel affections, who would enjoy good health, could they but breathe a pure atmosphere. Those drains, moreover, are quite unsafe to enter, many having perished who have ventured to enter them. In some cases, the refuse from factories and chemical works has filled the culverts with carbonic acid gas. Besides all this, during rainy seasons and in sudden floods, the existing drainage was entirely insufficient to carry off the water.

The carrying out an effective system of drainage has been under the consideration of Parliament at various times since the year 1848, and the present plan, the execution of which has been committed to the Metropolitan Board of Works, appears to comprise the best medical suggestions of scientific men most acquainted with the subject. From the circumstance that so large a proportion of the area of London lies so low as to be near the level of the Thames, or even several feet below it, it is impossible to drain the whole surface effectively without finding a much deeper level than the river presents. For all these low-lying districts, therefore, main sewers at a very low level are in course of construction on both sides of the river; and from these low level sewers the contents are to be pumped up by powerful stationary engines into the higher sewers, to be discharged into the Thames some fourteen miles below London bridge—so far from the Metropolis as to leave it unpolluted: or into reservoirs for deodorization and the formation of fertilizing manures. But, wherever the ground is sufficiently elevated to allow of it, the main sewers are constructed on levels high enough to render the drainage self-acting, so that pumping will not be necessary.

The new system of drainage, now being prosecuted, extends twelve miles from Charing Cross in every direction, embracing an area twenty-four miles in diameter and seventy-two in circumference. In order to secure a sufficient inclination, some of the new drains dip gradually to a depth below the main tunnels, before they join them; and where this is the case, pumping stations are erected, and the sewage pumped up into the outfall drains, as fast as it accumulates. Provision is also made for storms and sudden falls of heavy rains, by outlets communicating with the river. I may remark that under the present system over fifty-two million gallons of sewage are now daily poured into the Thames.

The main drainage scheme was commenced in February, 1859, and out of the estimated cost, £3,000,000, works to the amount of £2,000,000 are now under contract, some of which are completed, and most of them are in a rapid state of completion, embracing about fifty miles of main intercepting sewers, of which thirty-four are now completed; mostly underground, but in some places above it, crossing alternately over and under navigable rivers, railways, canals, and roads, and including pumping stations, aqueducts, pen-stocks, tide-flaps, and other appliances. I should have stated that the whole area on each side of the Thames has been divided into three levels, and the sewage is carried as far as practicable from the two upper levels by gravitation, while that from the low levels is raised by pumping, by which means the low districts will become as dry and as well drained as the upper districts, and the waters of the upper will no longer inundate the lower districts. Moreover, although the sewage from the main drains enters the Thames fourteen miles below London bridge, it is to be discharged during the first two hours of the ebb tide only, the period of discharge being restricted to those hours, because thus the sewage would be deodorized and diluted by a volume of water twenty times greater than that which now dilutes it at London; and because each ebb tide would, in returning to the sea, convey it to points twelve miles below the outfalls, or twenty-six miles below London bridge, through a constantly enlarging flood.

On arriving at the river Lea at Bow, I was surprised to find about one thousand gentlemen representing the various vestries of the parishes of London on the same errand as myself. After examining somewhat the northern high level sewer, which extends for a length of nine miles from Hampstead to the river Lea, we descended into the northern outfall sewer, which enters the Thames over four miles distant at Barking creek, and consisting of double and triple lines of sewer, each ten feet six inches in diameter. This is a most magnificent work, progressing rapidly, though not completed, crossing great marshes, where the foundation had to be laid twenty-five feet below the surface, and concrete filled in to form a solid embankment for the reception of the brickwork, for a considerable part of the way. We walked through a mile and a half of the portion of the sewer which is completed, admiring the solidity and beauty of the structure, the interior being well lighted with candles throughout; when we again emerged into daylight, and after examining the river aqueducts to convey the sewage over the rivers and railways, the tunnel under the Eastern Counties Railway embankment, and the culverts for carrying the marsh drainage under the sewer embankment, etc., we mounted a long train of gravel cars, and were soon set down on the banks of the Thames, where a generous *dejeuner* was waiting for our refreshment. Here under a tent of some two hundred feet in length, we found five tables extended the whole distance, and loaded with substantial and delicacies, not omitting a generous supply of ale and stout. These matters having been duly despatched, the usual toasts drunk, and speeches made, we embarked on board our steamer and steered direct for Deptford, adjoining Woolwich. Here we penetrated to a depth of some thirty feet below the surface, and entered the grand southern low

level sewer, which is about twelve by fifteen feet, ovoid as usual. After walking through this about half a mile or more, we came to the Deptford pumping station, and here, nearly forty feet below the surface, one thousand voices united in the grand chorus "God save the Queen."—The reverberations were like thunder to the ear, and seemed as if they would never cease. There was excitement as well as sublimity in the scene. Here four stationary engines of nearly two hundred horse power each, are placed, to pump up the sewage to the "Southern High Level Sewer."

But I must reserve further remarks on this subject to a future letter. I have written enough to give some idea of the magnificent work here in progress, which if it do not surpass, certainly equals any similar work ever executed at any period of the world, or by any people.

## Army Medical Intelligence.

### COMPLIMENTARY LETTER TO DR. SWINBURNE.

[The following complimentary letter from Surgeon-General VANDERPOEL, of the State of New York, to Dr. SWINBURNE, of Albany, is a well merited testimonial to the patriotism and self-sacrificing spirit of the latter in the cause of justice and humanity. It will be remembered that Dr. SWINBURNE was a volunteer surgeon, and had charge of the hospital at Savage's Station, where he remained with the wounded until taken prisoner and conveyed to Richmond.—ED. MED. TIMES.]

STATE OF NEW YORK,  
SURGEON-GENERAL'S OFFICE,  
ALBANY, Aug. 5th, 1862.

SIR:—I am requested by His Excellency, Gov. Morgan, to express his high appreciation of the services rendered by you while serving with the Army of the Potomac as Medical Superintendent of the forces from this State, and acting Assistant Surgeon of the U. S. Army, and to return you thanks for the same.

An expression thus officially made, is not intended as invidious to the noble corps of volunteer surgeons, who so promptly and faithfully gave their time, their energies, their professional abilities, and in some instances their lives, to ameliorate the sufferings of the wounded, but that the position in which you were placed by the authorities of the State, the peculiar circumstances which resulted therefrom, and the manner in which you conducted yourself both professionally and as the representative for the time of your government, call for, as it is most cheerfully bestowed, the commendation and approval not only of the constituted authorities, but of a whole community, who have watched with vivid interest the responsibilities, privations, and labors, to which you were subjected.

As the head of the State Medical Bureau, I cannot forego the opportunity of thanking you for the bright example your labors have furnished of conservative surgery upon the field of battle. Had you merely, in the performance of your labors, done all which humanity demands, you would have merited the compliment proffered; but to that you have added the exercise of high professional skill. When in a hospital of two thousand sick and wounded, you amputated less than half a dozen limbs, but strove rather to save by exsection, you illustrated and carried out the views of the most intelligent of the profession.

Wishing you, in your safe return to your family and friends, the enjoyment of a well merited confidence, I am, with respect,

Your obd't servant,

S. OAKLEY VANDERPOEL,  
Surgeon-General.

JOHN SWINBURNE, Esq., M.D.

### INSTRUCTIONS OF THE SURGEON-GENERAL OF THE STATE OF NEW YORK TO INSPECTING SURGEONS.

STATE OF NEW YORK,  
SURGEON-GENERAL'S OFFICE,  
ALBANY, August, 1862.

SIR:—I enjoin upon you the utmost care and vigilance in the inspection of recruits.

In view of the large bounty now offered by the Federal and State authorities, numbers of incompetent men will present themselves.

As your position in the regiment has been made independent, you will not be influenced by the solicitations of officers desirous of rapidly completing their companies.

In any instance where it can be shown that an unsound recruit has been accepted through negligence on your part, the whole expense of bounty will be deducted from your pay, by reporting the fact to Washington.

Respectfully yours,

[Signed] S. OAKLEY VANDERPOEL,  
Surgeon-General.  
—, M.D., Surgeon — Regt.

STATE OF NEW YORK,  
SURGEON-GENERAL'S OFFICE,  
ALBANY, July 15th, 1862.

MEDICAL Officers of Regiments, when inspecting recruits, will particularly examine in relation to the following points:—

1st. The recruit is to be stripped naked, and the condition of all the joints to be noted. See that hearing, vision, and speech are perfect; also that there is no wound of the head to impair the faculties, or cause convulsions.

2d. Whether there is any evidence of pulmonary disease.

3d. Any disease of the heart.

4th. Hernia, chronic difficulty of the bowels, no fistula or troublesome piles, large or painful varicocele, or varicose veins which extend above the knee, or present traces of old ulcerations.

5th. The following also are disqualifications: The loss of either phalanx of the thumb or forefinger of the right hand; the loss of any two fingers on either hand; the loss of the great toe; also chancre, or marked constitutional syphilis.

6th. Any other marked physical imperfection which would unfit for active service.

7th. Conform to General Order 52, current series from the Adjutant General's Office, in the manner of return.

8th. The following extract from General Order No. 75 of the War Department will also be strictly observed: "Recruits will be sent to the regimental rendezvous at least as often as once a week, where they will be immediately examined by the Surgeon of the regiment; and if found unfit for duty, by reason of permanent disability, will be discharged from the service forthwith by the Surgeon, who will report such discharges to the Adjutant-General of the State, and also to the Adjutant of the regiment, noting particularly those cases where the disability was obvious at the time of enlistment."

Report to this Office, on Saturday of each week, the number of men inspected, the number accepted, together with the name of the officer commanding each company.

No bills of expenditure of any kind connected with the Medical Department will be allowed.

Medical Officers will be held to a strict accountability to the above requirements.

S. OAKLEY VANDERPOEL,  
Surgeon-General.

### SPECIAL ORDER.

ASSISTANT SURGEON-GENERAL'S OFFICE,  
ST. LOUIS, Mo., August 29, 1862.

### SPECIAL ORDER NO. 7.

The withdrawal of Surgeon CHARLES McDUGALL from the position of Medical Director of this Department, renders necessary the appointment of an officer of rank and expe-



rience to assume his duties. Surgeon MADISON MILLS, U. S. A., is selected for this position.

His supervision will extend over the army of the Southwest, the army of the Tennessee, the army of the Mississippi, and the army of the Ohio.

Medical Directors of these armies will make the reports and submit the information heretofore required by Surgeon McDougall to Surgeon MADISON MILLS, in conformity with instructions which will be issued by him.

[Signed]

R. Wood,  
Assistant Surgeon-General.

ASSISTANT SURGEON-GENERAL'S OFFICE,  
ST. LOUIS, Mo., August 30, 1862.

The following circular from the Medical Department of the West has been sent to the Adjutants-General of the following States: Michigan, Indiana, Illinois, Kansas, Minnesota, Wisconsin, Iowa, and Missouri; also to Brig. General SCHOFIELD, and to the Adjutant-General of the Department of the Ohio:—

ASS'T SURGEON-GENERAL'S OFFICE,  
ST. LOUIS, August 28, 1862.

SIR:—I have to inform you that purveying depots, for the supply of hospital and medical stores, instruments, &c., for the permanent equipment of new regiments for field service, have been established at Chicago, St. Louis, and Cairo.

Requisitions for such supplies, signed by the senior medical officer, should be forwarded to this office for approval at least one week before the departure of the regiments, in order that the supplies may be ready for issue on their arrival at, or in the vicinity of, the cities in which the depots are located.

Temporary supplies, needed during the organization of the regiments, can be obtained from local sources.

It is respectfully recommended that regiments organized for the Field, should have their full complement of Medical Officers: one Surgeon and two Assistant Surgeons.

Very respectfully, your obedient servant,  
(Signed) R. C. Wood,  
Assistant Surgeon-General.

## Medical News.

**BOYLSTON MEDICAL PRIZE QUESTIONS.**—At the annual meeting of the Committee on Wednesday, August 6th, a premium of Sixty Dollars, or a Gold Medal of that value, was awarded to FRANCIS MINOT, M.D., of Boston, for the best dissertation on the question: *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?* The following are proposed for 1863:—  
1. *On Tecephizing the Skull for Injury or Disease.* 2. *On Leucocythæmia.* Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1863.

The author of the best dissertation considered worthy of a prize on either of the subjects proposed for 1863, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value. The following questions are proposed for 1864:—1. *On the Treatment of Fractures without Splints.* 2. *The Remittent Fever now prevailing in the U. States Army.* Dissertations on these subjects must be transmitted as above, on or before the First Wednesday in April, 1864. The author of the best dissertation considered worthy of a Prize for 1864, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached. The writer of

each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified. All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

**OBITUARY NOTICE.**—At a meeting of the Surgeons of the Hospital at Evansville, Ind., held on the 25th August, 1862, at the office of Dr. DeBruler, to take measures for paying proper respect to the memory of their deceased brother officer, Dr. I. N. MYERS, late Resident Surgeon of Hospital No. 2, Dr. J. P. DeBruler was called to the chair, and Dr. W. D. Turner appointed Secretary.

A committee, consisting of Drs. Wirtz, Temple, and Jeancon, was then appointed to express the sense of the great loss the Hospital corps of this city, and the profession, has sustained in the sad event. The following report was adopted and ordered to be published, and manuscript copies sent to the friends of the deceased:

It has pleased Providence to remove from among us one of the most gifted and beloved of our number. Dr. Myers was a young man of rare promise. With large perceptive faculties, a ready and discriminating judgment, and a powerful memory, he combined the severest habits of study, which rendered him, even at his early age, distinguished among his fellows.

His devotion to his profession was unbounded,—his days were passed in the sick-ward and the dissecting room—and his nights devoted to the collation of his observations and the study of the best authors. But this self-imposed labor, the earnest of future fame, was too much for his feeble body, and was the cause of cutting short a life so valuable to science and so dear to us all. So fine an intellect, so good a heart, so noble a man, is a loss not only to his profession and his friends, but to society; and so excellent an example of entire devotion to the cause of suffering humanity, cannot be too long remembered. He did not die upon the battle-field—but by the side of those who had risked their health and lives in the nation's cause, he imbibed the fatal poison that made him a martyr to science and a willing sacrifice to his country.

While we deeply feel the blow that has taken from our midst this young spirit, so full of promise, we also desire to express to his relatives and friends at home, our sincere condolence, and trust that the memory of the virtues of the departed may have their softening influence on the grief occasioned by his early loss.

**REBEL SURGEONS RELEASED FROM CAMP DOUGLAS.** The rebel Surgeons released numbered nineteen, viz. Joseph Sandeck, Surgeon Heavy Artillery; Sam'l H. Caldwell, Surgeon 46th Tennessee; Thos. J. Taliaferro, Ass't Surgeon 41st Tennessee; Delmos F. Connell, Ass't Surgeon 1st Alabama; J. McLin Driver, Surgeon 55th Tennessee; Matthew H. Oliver, Ass't Surgeon 17th Alabama; Robert H. Redwood, Surgeon 21st Alabama; Caleb Foxey, Ass't Surgeon 19th Alabama; Elisha G. Greenlee, Surgeon 2d Kentucky; Robert G. Rethrock, Ass't Surgeon 2d Kentucky; John F. Kennedy, Surgeon 14th Mississippi; Kelly Williams, Ass't Surgeon 14th Mississippi; John F. McDowell, Ass't Surgeon 12th Alabama; Robt. A. Fulton, Ass't Surgeon 7th Texas; Thos. B. Elkin, Ass't Surgeon 20th Mississippi; William A. Martin, Surgeon 1st Ala., Tenn. and Miss.; Michael J. Bolar, Surgeon 17th Alabama; Sam'l B. Johnston, Ass't Surgeon, Regular C. S. A.; Jas. W. Duprer, Ass't Surgeon Light Artillery.—*Chicago Jour.*

**MEDICAL RESPONSIBILITY.**—How shall surgeons deal with a patient raving in the dangerous delirium of drink? At all our hospitals such a patient is managed by gentle coercion, or placed under supervision in a padded room, *volens volens*, until time and treatment shall have restored his self-control. The recent decision, *Scott v. Wakem*, seems to affirm that a surgeon called by the nearest relative has no right to assume the management of the delirious sufferer from drunken madness, and that he is liable to an action at law if he

use restraint to control his dangerous impulses. On the other hand, what would be said if, in future, surgeons should decline to undertake the responsibility of treating patients suffering from delirium tremens! If the jury in this case correctly interpreted the law, we commend this state of legal doctrine to the attention of the House of Lords, who recently manifested so lively an interest in law and lunacy. This subject will command attention in the profession, and receive further careful consideration on our part.—*Lancet*.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following are the subjects for the Collegial and Jacksonian Prizes for the present and succeeding year, to be awarded by the Council of this institution:—The Collegial Triennial Prize on the Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distributions not being required); the communications (if any) between the Lymphatics and the Blood-vessels to be demonstrated; and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit to be elucidated. The Dissertation to be illustrated by Preparations and Drawings. There are two Jacksonian Prizes for the present year, the subjects of which are the Relative Value of the treatment of Popliteal Aneurism by Ligature and by Compression: illustrated by a reference to cases; and the Healthy and Morbid Anatomy of the Tonsils, and the appropriate Treatment of their Diseases: illustrated by preparations and drawings. There are also two subjects for prizes for the ensuing year, 1863; namely: The Pathology and Treatment of Diseases of the Larynx; the Diagnostic indications to include the appearances as seen in the living person: the dissertation to be illustrated by drawings and preparations; and the Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the upper Extremity, and the Treatment of their Diseases: the dissertation to be illustrated by preparations and drawings. The terms and conditions will appear as an advertisement in the next number of this Journal.—*British Med. Journal*.

**SOCIAL SCIENCE CONGRESS, LONDON.**—We are pleased to notice that our distinguished countryman, PROF. LEE, was honored with the chairmanship of the Section on Public Health, at its session, June 11:—The meeting of this section was resumed yesterday evening at half-past 8 o'clock, at Burlington-house; Professor CHARLES A. LEE, M.D., of New York, in the chair.

MR. E. CHADWICK moved the following resolution:—“That the Committee be requested to consider the expediency of promoting the practical adoption of the measures examined and prepared by the last International Statistical Congress for the regular issue of Sanitary Statistics under the uniform heads then agreed upon, especially those heads of statistics displaying the bearing of the chief causes of preventible mortality upon the wage classes as well as upon the other classes of society, more particularly in those districts, or blocks of habitations, where new works of house drainage and sanitary improvement have been extended.”

DR. FARR considered that the resolution proposed was one which ought to meet with universal approbation. Sanitary statistics had been of the greatest use in the army and the navy, and would undoubtedly be so with regard to our laboring population.

The CHAIRMAN thought the Government ought to supply statistics of sickness as well as of death.

The resolution was then put, and carried unanimously.

DR. FARR moved that measures should be adopted for obtaining the same information respecting the civil population as is now obtained respecting the army and navy, and that the counsel of the Association be requested to bring the resolution under the notice of the Colleges of Physicians and Surgeons, as well as of her Majesty's government.

After some further discussion, the proceedings terminated.—*Daily News*.

At the late Commencement of the Long Island College Hospital the following gentlemen were candidates for the

Degree of Doctor of Medicine: 1. William A. Webster, of New Hampshire; 2. J. C. Morton, of New York; 3. Henry A. Heilner, of Pennsylvania; 4. Joseph McMonegal, of New Brunswick, B. N. A.; 5. O. R. Wilcox, of Albany; 6. Otis M. Humphrey, of Massachusetts; 7. William Richards, of Cuba; 8. Abram H. Hunt, of Ohio; 9. Louis V. Estelle, of France; 10. Asher A. Shiverick, of Massachusetts; 11. William W. Lamb, of Pennsylvania. Dr. Mason, the President, in the course of his address to the graduates, remarked on the call that our present condition as a nation has upon the patriotism and self-denial of her citizens, and mentioned that the class of '60 and '61, when there was much less need, contributed largely to this great cause. “Prentiss and Brown, Demainville and Pearce, Lynch and O'Leary, E. O. Brown, Deering, and others, whose names I cannot recall, with Webster and Heilner, of our present class, with Dalton and Hamilton, two of our most highly esteemed and accomplished professors, have dedicated themselves to the high and holy work. I trust the class of '62 will not be behind them.”

**A LARGE DOSE OF CHLOROFORM.**—A remarkable case is related by a correspondent of the *London Medical Times*, in which a person aged fifty swallowed at one dose two ounces of chloroform. The patient fell into a profound coma; the pupils were widely dilated and insensible; the pulse slow and feeble; surface of the body colder than natural; movements of the thorax scarcely perceptible, and sensation generally abolished. Several hours elapsed before any remedies were employed. A stomach pump was used, and a quantity of chloroform, mucus, and watery fluid was removed, and the stomach thoroughly cleansed with tepid water. In less than an hour afterwards there was a return of consciousness. For three or four days there were signs of irritation of the throat and stomach, and at the end of a week the patient was quite well again.

**BUFFALO PHYSICIANS IN THE GOVERNMENT SERVICE.**—*U. S. Army.*—Dr. Chas. K. Winne, Assist. Surg., Clarksburgh, Va.

*Volunteers.*—Dr. Chas. H. Wilcox, Brigade Surg., Genl. Patrick's Brigade (resigned, and is again Surgeon 21st Reg., N.Y.V.); Dr. Jos. A. Peters, Assist. Surg., 21st N.Y.V.; Dr. Lucien Damainville, Surgeon 31st N.Y.V.; Dr. E. P. Gray, Surgeon 100th Regt., N.Y.V.; Dr. E. L. Bissell, Assist. Surg., 44th N.Y.V.; Dr. J. W. Casey, Assist. Surg., 105th N.Y.V.; Dr. Wm. H. Butler, (Sick leave,) Assist. Surg. Mich. Volunteers; Dr. F. J. Bancroft, Assist. Surg. Penn. Volunteers; Dr. Sylvester Rankin, Assist. Surg. New Mexico Volunteers; Dr. S. B. Hunt, Volunteer Surg., Yorktown; Dr. Charles Winne, Volunteer Surg.

*U. S. Navy.*—Dr. Newton N. Bates, Assist. Surg., Gunboat “Seneca;” Dr. Wm. Howell, Assist. Surg., sick leave; Dr. S. D. Flagg, Jr., Assist. Surg., Gunboat “Connecticut;” Dr. Wm. B. Mann, Assist. Surg., Gunboat “Miami;” Dr. Geo. D. Slocum, Assist. Surg., S. Sloop “San Jacinto;” Dr. H. P. Babcock, Assist. Surg., Waiting Orders.

*U. S. Volunteer Navy.*—Dr. Ira C. Whitehead, Assist. Surg., Key West; Dr. Geo. L. Sweet, Assist. Surg., Gunboat “Isaac Smith.”

*With the Sanitary Commission.*—Dr. Horace Tupper, Pittsburgh Landing; Dr. C. B. Hutchins, Pittsburgh Landing.—*Buff. Med. and Surg. Jour.*

The anniversary oration before the New York “Beta” of the “Phi Beta Kappa” Society, delivered June 17, was almost entirely historical. Its subject was a general history of Slavery in all ages of the world, a particular history of American Slavery, and a detailed account of the successive stages in the progress of the Pro-Slavery sentiment of the Southern States, commencing from the time they, with the North, resisted its introduction into the colonies by England, progressing through the Revolution; when it was universally conceded to be an evil, continuing to a later period, when it began to be apologized for, afterwards to be defended, and finally to be eulogized, and winding up with its connexion with the present rebellion and its probable ultimate fate.

**ERRATA.**—In the last number, page 119, 1st col. line 14 from bottom, for *chemist read alchemist*; 2d col. l. 38 from top, omit *its*: l. 46, for *where read when*; l. 48, for *supposed read supposes*; l. 6 from bottom, omit *semicolon after speculation*, and insert it after *men* in the next line. Page 120, 1st col. l. 89 from top, omit *that*.

#### METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 18th day of August to the 25th day of August, 1862.

**Deaths.**—Men, 86; women, 89; boys, 182; girls, 168; total, 525. Adults, 175; children, 345; males, 288; females, 236; colored, 4. Infants under two years of age, 2-8. Children born of native parents, 15; foreign, 292.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 33; croup, 8; diphtheria, 9; scarlet fever, 5; typhus and typhoid fevers, 8; consumption, 56; small-pox, 8; measles, 6; dropsy of head, 12; infantile marasmus, 40; cholera infantum, 122; inflammation of brain, 14; of bowels, 8; of lungs, 14; bronchitis, 6; congestion of brain, 4; of lungs, 4; erysipelas, 1; diarrhoea and dysentery, 36; 326 deaths occurred from acute diseases, and 24 from violent causes. 284 were native, and 136 foreign; of whom 94 came from Ireland. 61 died in the City Charities; of whom 16 were in the Bellevue Hospital, and 8 in the Immigrant Institution.

From the 25th day of August to the 1st day of September, 1862.

**Deaths.**—Men, 92; women, 82; boys, 177; girls, 185; total, 536. Adults, 174; children, 362; males, 299; females, 267; colored, 5. Infants under two years of age, 301. Children reported of native parents, 21; foreign, 308.

Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 34; croup, 10; diphtheria, 15; scarlet fever, 3; typhus and typhoid fevers, 12; consumption, 61; small-pox, 0; measles, 3; dropsy of head, 27; infantile marasmus, 52; cholera infantum, 97; inflammation of brain, 15; of bowels, 13; of lungs, 12; bronchitis, 5; whooping-cough, 4; congestion of brain, 11; of lungs, 4; erysipelas, 0; diarrhoea and dysentery, 40. 397 deaths occurred from acute diseases, and 38 from violent causes. 395 were native, and 141 foreign; of whom 81 came from Ireland; 53 died in the City Charities; of whom 12 were in Bellevue Hospital, and 2 died in the Immigrant Institution.

### Dr. Churchill's Hypophosphites.

#### PREVENTION AND CURE OF CONSUMPTION!

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,  
SYRUP OF HYPOPHOSPHITE OF LIME,  
PILLS OF HYPOPHOSPHITE OF QUININE,  
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

### John W. Shedden, Apothecary,

363 Bewery, cor. 4th St.

Squibb's, Allen's, Tilden's, Heering's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

### New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, \$2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

### To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

### Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

**References.**—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

### On Urine, Urinary Deposits, and

**CALCULI:** Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Reale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price \$2.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## New York Medical College and

CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

#### FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.

JOHN M. CAENOCHAN, M.D., Professor of Clinical and Operative Surgery.

B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.

CHARLES A. BUDD, M.D., Professor of the Theory and Practice of Midwifery.

A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.

E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.

J. V. C. SMITH, M.D., Professor of Anatomy.

WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.

SAMUEL E. PERCY, M.D., Professor of Materia Medica and Therapeutics.

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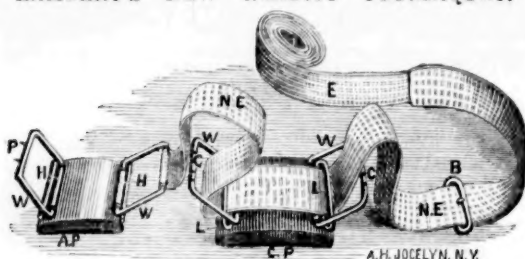
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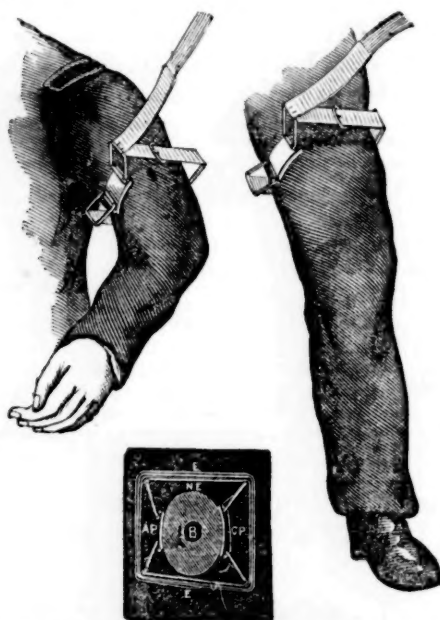
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